



2025 FCSS Grants to Groups Funding Application

Deadline: 4:30 p.m. March 7, 2025

PART TWO: GRANT APPLICATION

IMPORTANT: Review the information in PART ONE to ensure you meet the eligibility criteria before completing the application.

All applications must be complete, add additional sheets if there is not enough space on the form.

Please contact Community Services with any questions: 780-624-1000

Do not submit Part One with your application.

APPLICANT INFORMATION

Registered Name of Society/Organization: _____

Date of Incorporation: _____ Contact Name: _____

Mailing Address:

Phone: _____ E-Mail: _____

SUPPORT REQUESTED

Please indicate which type of funding support you are applying for:

- Special Project (Short term and not part of the regular operational costs of the organization)
- Operation Grant (On-going operational costs, required for offsetting the deficits of providing an existing service)

Amount of Funding Requested: _____
(Maximum 75% of Program Cost, up t \$15,000)

CONDITIONS OF FUNDING

Funding received from the Town of Peace River Family and Community Support Services program must provide preventive social programs that directly benefit Peace River residents.

1. All funds must be spent by December 31st of the funding year.
2. Outcomes must be measured. You will be provided Measures (survey questions) with your grant award letter. The data must be included in your End of Year Summary Report. Programs that do not include data from their measures may not be considered for future funding through Town of Peace River.

ALIGNMENT WITH THE PROVINCIAL FCSS OUTCOMES MODEL

Choose ONE OUTCOME that best fits your program, then check ONE INDICATOR that will show your program has achieved that outcome. You will be sent a Measure (survey question) based on this indicator to report your outcome.

STEP ONE - OUTCOMES: Choose ONE, then choose from Indicators	STEP TWO - INDICATORS: Check ONE that corresponds to your outcome
<input type="radio"/> Individual Outcome 1: Individuals experience personal well-being.	<input type="radio"/> Resilience <input type="radio"/> Self-esteem <input type="radio"/> Optimism <input type="radio"/> Capacity to meet needs <input type="radio"/> Autonomy <input type="radio"/> Competence <input type="radio"/> Personal Engagement <input type="radio"/> Meaning and Purpose
<input type="radio"/> Individual Outcome 2: Individuals are connected with others.	<input type="radio"/> Quality of social relationships <input type="radio"/> Social supports available <input type="radio"/> Trust and belonging
<input type="radio"/> Individual Outcome 3: Children and youth develop positively.	<input type="radio"/> Support <input type="radio"/> Boundaries and expectations <input type="radio"/> Empowerment <input type="radio"/> Positive values <input type="radio"/> Commitment to learning
<input type="radio"/> Family Outcome 1: Healthy functioning within families.	<input type="radio"/> Positive family relationships <input type="radio"/> Positive parenting <input type="radio"/> Positive family communication
<input type="radio"/> Family Outcome 2: Families have social supports.	<input type="radio"/> Extent and quality of social networks <input type="radio"/> Family accesses resources as needed
<input type="radio"/> Community Outcome 1: The community is connected and engaged.	<input type="radio"/> Social engagement <input type="radio"/> Positive attitudes toward others and the community <input type="radio"/> Social support <input type="radio"/> Awareness of the community
<input type="radio"/> Community Outcome 2: Community social issues are identified and addressed.	<input type="radio"/> Awareness of community social issues <input type="radio"/> Understanding of community social issues <input type="radio"/> Agencies and/or community members work in partnership to address social issues in the community

If your program does not fit within any of the outcomes stated above, do not proceed any further in the application and contact the Community Services office for additional assessment.

Project Name and Description

Please provide a short description of the proposed project/program:

Project Name: _____

Target Group

What ages will your project serve?
Check all that apply.

- Children 0-11years of age
- Youth 12-18 years of age
- Adults 19 - 64 years of age
- Senior 65 +

If applicable, please indicate if your project will work with any of the Provincially identified Vulnerable Populations. Check all that apply.

- Refugees/Immigrants/newcomers
- Persons with Disabilities
- Men and Boys
- N/A
- LGBTQ2S+
- Indigenous/Metis
- Women and Girls

Please provide an estimated number of participants: _____

NOTE: Actual participant numbers will be required in your Summary Report, please track these numbers.

Statement of Need

What is the overall issue your project means to change or influence?

How do you know this need exists in our community? Provide supporting LOCAL data/evidence of this need. (For Example: Requests for service, current gap in services in relation to this need.)

Strategy

What strategies will you use to address this issue? I.e. What will your program do and how?

What is your plan for implementation and expected timeline?

Rationale

Explain why you believe this strategy will work using an “If...then...” Statement. For example: “If we teach people different parenting strategies, then parents will increase their parenting skills.” Your Rationale must support your Program Outcome above. You only need one rationale statement for the program for which you are seeking funding.

Include evidence-based supporting data for your rationale if possible. I.e. Research, links to studies, Success stories, data, etc. Provide links to online sources below or attach applicable information.

Sustainability

If you receive partial funding for your project, what would that **realistically** mean? What portions of your services would it affect and how?

Would your project be able to operate with partial funding? Yes No

If you do not receive full funding, how will you prioritize your activity? What parts might not get done?

Have you sought out additional funding from other funding sources for this project/program? Yes No

If yes, from what sources? (Please remember to list these sources on the budget sheet attached)

If yes, have any of these funding sources been confirmed? Yes No

If you have not sought out additional funding sources, why not?

Inputs - What resources are your organization dedicating to this project?

Staff: How many _____ Estimated of hours? _____ **Volunteers:** How many _____ Estimated of hours? _____

Funding: What funding is already in place? (ensure this also correlates to the attached budget)

Amount _____ Source _____

In-kind contributions – Please list:

Funding Partners - Who:

If you have other inputs that you will be providing to the program, please list them here:

Similar Services - Please identify other organizations in the Peace Region that provide similar services.

Are there any other groups or organizations in Peace River that offer similar services to your program/project?

Yes No

If yes, what are the names of these organizations and the program that may be similar to yours?

Will your organization be partnering (networking, sharing information, sharing funding, sharing clients/participants) with the above organization(s)?

Yes No

Please explain your response.

Effective partnerships help ensure that resources are being utilized effectively and specific aspects to a project are being shared. If your program is not partnering or duplicates existing services, it may affect your funding.

Additional Information - Please provide any additional information you feel may help your application. Please keep information concise and do not include anything that is confidential in nature (e.g. names or photos of participants, etc.)

PROPOSED BUDGET

NOTE: APPLICANTS MUST USE THIS FORM, ALTERNATE BUDGET FORMATS WILL NOT BE ACCEPTED. PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE.

PROPOSED EXPENDITURES		AMOUNT
Please provide a description of expenses:		
Personnel		
Travel/Training		
Materials & Supplies		
Facility Costs		
Other		
Total Proposed Expenditures		
PROPOSED REVENUES		AMOUNT
Provide all sources of revenue below, including in-kind services and/or donations.		Provide proposed revenue amount
Total Proposed Revenue		
FCSS Grant Funding Request:		

SUBMISSION INFORMATION

DEADLINE: FRIDAY MARCH 7, 2025 at 4:30 p.m.
LATE APPLICATIONS WILL NOT BE ACCEPTED

Mail: **Town of Peace River Community Services (FCSS)**
Box 6600, Peace River, AB T8S 1S4
Peace River, AB
T8S 1G1

Drop Off: **Town of Peace River Office**
9911-100 St

E-mail: communityservices@peaceriver.ca

Note: The receipt time of e-mail submissions will be determined by the time stamp as received on the Town of Peace River server.

REQUIRED DOCUMENTS

Ensure you attach the following documents to your application. **Incomplete applications may not be considered for funding.**

- ___ Financial statement: Attach audited financial statement for the last fiscal year. If these statements are not audited, they must be dated and signed by the organization's President and Treasurer.
- ___ Certificate of incorporation - copy
- ___ Current list of Board members (contact information not required)
- ___ Complete application, including Budget. No other budget format will be accepted.
- ___ Returning groups: Your Grants to Groups Evaluation Form from last year's funded program **MUST** have been received before your application for further funding will be considered.

CONTACT

Questions about the application or FCSS Grants to Groups can be directed to Community Services

Phone: 780-624-1000 E-mail: communityservices@peaceriver.ca

Thank you for your submission!